



16076 U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL

(New Nonprovisional Applications Under 37 CFR § 1.53(b))

EXPRESS MAIL # ER453576586 US

Attorney Docket No.
P1190CIP17858 U.S. PTO
10/7/13503

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is the patent application of () application identifier or (X) first named inventor, Albert H. Dunfee, entitled INTRALUMINAL CATHETER WITH HYDRAULICALLY COLLAPSIBLE SELF-EXPANDING PROTECTION DEVICE, for a(n):

() Original Patent Application.

(X) Continuing Application (prior application not abandoned):

() Continuation () Divisional (X) Continuation-in-part (CIP)
of prior application No: 10/295,153 Filed on: November 14, 2002.

(X) A statement claiming priority under 35 USC § 120 has been added to the specification.

Enclosed are:

(X) Specification; 16 Total Pages. (X) Drawing(s); 6 Total Sheets.

(X) Oath or Declaration:

(X) A Newly Executed Combined Declaration and Power of Attorney:

() Signed. (X) Unsigned. () Partially Signed.

() A Copy from a Prior Application for Continuation/Divisional (37 CFR § 1.63(d)).

() Incorporation by Reference. The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied, is considered as being part of the disclosure of the accompanying application and is hereby incorporated herein by reference.

() Signed Statement Deleting Inventor(s) Named in the Prior Application. (37 CFR § 163(d)(2)).

() Assignment and Recordation Cover Sheet.

() Power of Attorney.

() Associate Power of Attorney.

() Preliminary Amendment.

() A Duplicate Copy of this Form for Processing Fee Against Deposit Account.

() A Certified Copy of Priority Documents (if foreign priority is claimed).

() Applicant claims small entity status.

(X) Information Disclosure Statement and Form PTO/SB/08A.

(X) Return Receipt Postcard.

(X) Check # 2467 in the amount of \$1022.00 for the Filing Fee.

() Other: _____

| CLAIMS AS FILED | | | | |
|---|-----------|-----------|---------|-----------|
| FOR | NO. FILED | NO. EXTRA | RATE | FEE |
| Total Claims | 34 | 14 | \$18.00 | \$252.00 |
| Independent Claims | 3 | 0 | \$86.00 | \$0 |
| Multiple Dependent Claims (if applicable) | | | | \$0 |
| Assignment Recording Fee | | | | \$0 |
| Basic Filing Fee | | | | \$770.00 |
| Total Filing Fee | | | | \$1022.00 |

Charge \$ 0 to Deposit Account 50-2091 pursuant to 37 CFR § 1.25. At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 50-2091.

Respectfully submitted,

By: _____

Vincent B. Ingrassia
Reg. No. 25,732

Date: 11/14/03

Correspondence Address:

CUSTOMER NO. 28,390